

**STATE OF MONTANA**  
**DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES**  
**QUALITY ASSURANCE DIVISION**

**INSURANCE VERIFICATION FORM**

Based upon day care registration law, it is necessary for all registered day care facilities to have **PUBLIC LIABILITY** and **FIRE INSURANCE** coverage. **The provider will not be registered until the information below is COMPLETED BY THE INSURANCE AGENT**, and returned to the Quality Assurance Division – Child Care Licensing Office.

Day Care Directors/Providers Name: \_\_\_\_\_

Day Care Facility Address: \_\_\_\_\_

**This Must Be FILLED OUT and SIGNED BY THE AGENT - Not The Day Care Provider**

The above named is covered by a **PUBLIC LIABILITY** insurance policy

Provided by \_\_\_\_\_ The Policy # is: \_\_\_\_\_  
(Name of Insurance Company)

The coverage is provided from \_\_\_\_\_ to \_\_\_\_\_ And covers \_\_\_\_\_ children.  
(mm/dd/yy) (mm/dd/yy)

Does this coverage include overlap children? ☐ Yes ☐ No If so, how many children? \_\_\_\_\_

Is this a new policy for the above named provider? ☐ Yes ☐ No

\_\_\_\_\_  
**Agent Signature**

/ \_\_\_\_\_  
Date

\_\_\_\_\_  
\*Phone Number\*

The above named is covered by a **FIRE INSURANCE** policy

Provided by \_\_\_\_\_ The Policy # is \_\_\_\_\_  
(Name of Insurance Company)

The coverage is provided from \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

Does this fire insurance automatically renewal with the provider's mortgage? ☐ Yes ☐ No

Is this a new policy for the above named provider? ☐ Yes ☐ No

Do you ☐ **Own** or ☐ **Rent** the building were your facility is located?

\_\_\_\_\_  
**Agent Signature**

/ \_\_\_\_\_  
Date

\_\_\_\_\_  
\*Phone Number \*

**PLEASE  
RETURN  
TO**